TABLE OF CONTENTS

Section

505.001: Introduction

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000.

(A) The MassHealth coverage types are the following:

(1) Standard – for families, pregnant women, children, disabled individuals, and women with breast or cervical cancer;

(2) Prenatal – for pregnant women;

(3) CommonHealth – for disabled adults and disabled children who are not eligible for MassHealth Standard;

(4) Family Assistance – for children, certain employed adults, and persons who are HIV positive who are not eligible for MassHealth Standard or CommonHealth;

(5) Basic – for the long-term unemployed who have income at or below 100 percent of the federal poverty level, and who are receiving services or are on a waiting list to receive services from the Department of Mental Health (DMH), as identified by the DMH to MassHealth, or for individuals or members of a couple who receive EAEDC cash assistance;

(6) Essential – for the long-term unemployed and for disabled long-term unemployed aliens with special status who have income at or below 100 percent of the federal poverty level and are not eligible for MassHealth Basic; and

(7) Limited – for nonqualified aliens and aliens with special status.

(B) The financial standards referred to in 130 CMR 505.000 et seq. depend on the family group size, which may be composed of an individual, couple, or family, as defined in 130 CMR 501.001.

505.002: MassHealth Standard

(A) Overview.

(1) 130 CMR 505.002 contains the categorical requirements and financial standards for MassHealth Standard serving families, children under 19, pregnant women, disabled individuals, parents and caretaker relatives described in 130 CMR 519.005(C)(1), and women with breast or cervical cancer.

(2) Persons eligible for Standard coverage are eligible for medical benefits as described in 130 CMR 450.105(A) and 130 CMR 508.000.

(3) Persons who do not otherwise meet the requirements of 130 CMR 505.002, but who meet the AFDC rules that were in effect on July 16, 1996, are eligible for MassHealth Standard.

(B) Extended Eligibility.

(1) Members of a family group whose cash assistance terminates continue to receive four months of MassHealth Standard coverage beginning in the month the family group became ineligible if they are:

(a) terminated from EAEDC, except for those described in 130 CMR 505.007(E), or TAFDC and are determined to be potentially eligible for MassHealth; or

(b) terminated from TAFDC because of receipt of or an increase in spousal or child support payments.

(2) Members of a family group who become ineligible for TAFDC for employment-related reasons continue to receive MassHealth Standard for a full 12-calendar-month period beginning with the date on which they became ineligible for TAFDC if:

(a) the family group continues to include a child who is under age 19, or if he or she has reached age 19, is expected to complete his or her secondary level studies before his or her 20th birthday;

(b) a parent or caretaker relative continues to be employed; and

(c) the parent or caretaker relative complies with 130 CMR 505.002(I) and 507.003.

(3) Members of a family group who receive MassHealth Standard (whether or not they receive TAFDC) and have increased earnings that raise the family group's gross income above 133 percent of the federal-poverty level, continue to receive MassHealth Standard for a full 12-calendar-month period that begins with the date on which the increase occurred if:

(a) the family group continues to include a child who is under age 19;

(b) a parent or caretaker relative continues to be employed; and

(c) the parent or caretaker relative complies with 130 CMR 505.002(I) and 507.003.

(4) MassHealth independently reviews the continued eligibility of the family group at the end of the extended period described in 130 CMR 505.002(B)(1), (2), and (3).

(5) If a family group who receives MassHealth under 130 CMR 505.002(B)(1) or (2) had income at or below 133 percent of the federal-poverty level during their extended period, and now has increased earnings that raise the family group's gross income above that limit, the family group is eligible for another full 12-calendar month period that begins with the date on which the increase occurred if:

(a) the family group continues to include a child who is under age 19;

(b) a parent or caretaker relative continues to be employed; and

(c) the parent or caretaker relative complies with 130 CMR 505.002(I) and 507.003.

(6) If a family group's gross income decreases to 133 percent of the federal poverty level or below during its extended eligibility period, and the decrease is timely reported to MassHealth, the family group's eligibility for MassHealth Standard may be redetermined. If the family group's gross income later increases above 133 percent of the federal poverty level, the family group is eligible for a new extended eligibility period.

(C) Eligibility Requirements for Children Under Age 19. Children under the age of 19 may establish eligibility for Standard coverage subject to the requirements described in 130 CMR 505.002(C).

(1) Children Under Age One.

(a) A child under age one born to a woman who was not receiving MassHealth Standard on the date of the child's birth is eligible if the gross income of the family group is less than or equal to 200 percent of the federal-poverty level.

(b) A child born to a woman who was receiving MassHealth Standard or MassHealth Limited on the date of the child's birth is automatically eligible for one year provided the child continues to live with the mother.

(c) A child receiving MassHealth Standard who receives inpatient services on the date of his or her first birthday remains eligible until the end of the stay for which the inpatient services are furnished.

(2) Children Aged One through 18.

(a) A child aged one through 18 is eligible if the gross income of the family group is less than or equal to 150 percent of the federal-poverty level.

(b) A child receiving MassHealth Standard who receives inpatient services on the date of his or her 19th birthday remains eligible until the end of the stay for which the inpatient services are furnished.

(c) Eligibility for a child who is pregnant is determined under 130 CMR 505.002(E).

(3) Referral to Children's Medical Security Plan. MassHealth submits the names of children whose family group gross income exceeds 200 percent of the federal-poverty level to the Children's Medical Security Plan.

(4) Presumptive Eligibility Requirements. MassHealth may determine a child presumptively eligible to receive MassHealth Standard coverage in accordance with the requirements of 130 CMR 502.003 if the self-declared gross income of the family group meets the applicable income standards for children under age 19 as described in 130 CMR 505.002(C)(1) and (2).

(D) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A natural, step, or adoptive parent is eligible for MassHealth Standard coverage if:

(a) the family group gross income is less than or equal to 133 percent of the federal poverty level; and

(b) the parent lives with his or her children, and, in the case of a parent who is separated or divorced, has custody of his or her children; or has children who are absent from home to attend school.

(2) A caretaker relative is eligible for MassHealth Standard coverage if:

(a) the caretaker relative chooses to be part of the family group;

(b) the family group gross income is less than or equal to 133 percent of the federal-poverty level; and

(c) the caretaker relative lives with children to whom he or she is related by blood, adoption, or marriage, or is a spouse or former spouse of one of those relatives, if neither parent lives in the home.

(3) The parent or caretaker relative complies with 130 CMR 505.002(I) and 507.003.

(E) Eligibility Requirements for Pregnant Women.

(1) A pregnant woman whose family group gross income is less than or equal to 200 percent of the federal-poverty level is eligible for MassHealth Standard coverage. In determining the family group size, the unborn child or children are counted as if born and living with the mother.

(2) Eligibility, once established, continues for the duration of the pregnancy. Eligibility for postpartum care continues for 60 days following the termination of the pregnancy plus an additional period extending to the end of the month in which the 60-day period ends.

(3) MassHealth notifies pregnant women who are aliens with special status aged 19 or older and nonqualified aliens of their potential eligibility for the Healthy Start Program.

(F) Disabled Individuals.

(1) Extended MassHealth Eligibility. Disabled persons whose SSI-Disability assistance has been terminated, and who are determined to be potentially eligible for MassHealth, continue to receive MassHealth Standard coverage until MassHealth makes a determination of ineligibility.

(2) Disabled Adults. A disabled adult under age 65 may establish eligibility for MassHealth Standard coverage if he or she meets the following requirements:

(a) the individual is permanently and totally disabled as defined in 130 CMR 501.001;

(b) the family group gross income is less than or equal to 133 percent of the federal-poverty level, or the individual is eligible under section 1634 of the Social Security Act (42 U.S.C. § 1383c) as a disabled adult child or as a disabled widow or widower, or is eligible under the provisions of the Pickle Amendment as described at 130 CMR 519.003; and

(c) the individual complies with 130 CMR 505.002(I) and 507.003.

(3) Determination of Disability. Disability is established by:

(a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);

(b) a determination of disability by the SSA; or

(c) a determination of disability by the MassHealth Disability Determination Unit (DDU).

(G) Medicare Premium Payment. MassHealth also pays the following on behalf of members who meet the requirements of 130 CMR 505.002(F) and 519.005(C). The coverage described in 130 CMR 505.002(G)(1), (2), and (3) begins on the first day of the month following the date of MassHealth's eligibility determination.

(1) The cost of the monthly Medicare Part B premiums;

(2) Where applicable, the cost of hospital insurance under Medicare Part A for members who are entitled to Medicare Part A; and

(3) Where applicable, for the deductibles and coinsurance under Medicare Parts A and B.

(H) Women with Breast or Cervical Cancer.

(1) Eligibility Requirements. A woman whose application has been received through the Department of Public Health in accordance with 130 CMR 501.005 and who is under the age of 65 is eligible for MassHealth Standard provided she meets all of the following requirements.

(a) She is a United States citizen or qualified alien as described at 130 CMR 504.002(A) and (B).

(b) She has provided a social security number in accordance with the requirements at 130 CMR 503.003.

(c) She has been screened or has received diagnostic services through the Department of Public Health (DPH) Women's Health Network and found to need treatment for breast or cervical cancer, including precancerous conditions.

(d) She has family group income less than or equal to 250 percent of the federal poverty level in accordance with DPH requirements as certified by DPH to MassHealth.

(e) She is uninsured as defined at 130 CMR 505.002(H)(2).

(f) She does not meet the requirements for MassHealth Standard described at 130 CMR 505.002(C)(2), (D), (E) or (F).

(2) Availability of Health Insurance. To receive benefits under the provisions of 130 CMR 505.002(H), a woman must:

(a) be uninsured; or

(b) have insurance that does not provide creditable coverage. A woman is not considered to have creditable coverage when the woman:

(i) is in a period of exclusion for treatment of breast or cervical cancer;

(ii) has exhausted her lifetime limit on all benefits under her plan, including treatment for breast or cervical cancer; or

(iii) has limited scope coverage or coverage only for a specified disease; or

(c) be an American Indian or Alaska Native who is provided care through a medical care program of the Indian Health Service or of a tribal organization.

(3) Premiums. Women who meet the requirements of 130 CMR 505.002(H) are assessed a monthly premium in accordance with 130 CMR 506.011.

(4) Duration of Eligibility. Women meeting the requirements of 130 CMR 505.002(H) are eligible for MassHealth Standard for the duration of their cancer treatment.

(I) Use of Potential Health Insurance Benefits. With the exception of women described at 130 CMR 505.002(H), applicants and members must use potential health insurance benefits in accordance with 130 CMR 503.007, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than he or she would pay without access to health insurance, or if purchased by MassHealth in accordance with 130 CMR 507.003 or 505.002(G).

(J) Medical Coverage Date.

(1) The medical coverage date for MassHealth Standard begins on the 10th day before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a MassHealth outreach worker at a designated outreach site, if all required verifications, including a completed disability supplement, have been received within 60 days of the date of the Request for Information. However, the medical coverage date will in no event begin before January 1, 2004, for women described at 130 CMR 505.002(H).

(2) If these required verifications listed on the Request for Information are received after the 60-day period referenced in 130 CMR 505.002(J)(1), the begin date of medical coverage is 10 days before the date on which the verifications were received, if such verifications are received within one year of receipt of the MBR.

(3) The begin and end dates for medical coverage under Presumptive Eligibility are described in 130 CMR 502.003.

505.003: MassHealth Prenatal

(A) Overview.

(1) 130 CMR 505.003 contains the categorical requirements and financial standards for Prenatal coverage.

(2) Persons eligible for Prenatal coverage are eligible for medical benefits as described in 130 CMR 450.105(F).

(B) Eligibility Requirements. A pregnant woman whose self-declared family group gross income is less than or equal to 200 percent of the federal-poverty level is eligible for Prenatal coverage.

(C) Medical Coverage Date. Prenatal coverage begins 10 days before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a MassHealth outreach worker at a designated outreach site. Coverage continues for 60 days from the begin date or until MassHealth makes an eligibility determination, whichever is earlier.

505.004: MassHealth CommonHealth

(A) Overview.

(1) 130 CMR 505.004 contains the categorical requirements and financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults.

(2) Persons eligible for CommonHealth coverage are eligible for medical benefits as described in 130 CMR 450.105(E).

(B) Disabled Working Adults. Disabled working adults must meet the following requirements:

(1) be aged 19 through 64 (For those aged 65 and older, see 130 CMR 519.012.);

(2) be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the MBR or MassHealth's eligibility review;

(3) be permanently and totally disabled (except for engagement in substantial gainful activity) as defined in 130 CMR 501.001;

(4) be ineligible for MassHealth Standard; and

(5) comply with 130 CMR 505.002(I) and 507.003.

(C) Disabled Adults. Disabled adults must meet the following requirements:

(1) be aged 19 through 64;

(2) be permanently and totally disabled, as defined in 130 CMR 501.001;

(3) be ineligible for MassHealth Standard;

(4) meet a one-time-only deductible in accordance with 130 CMR 506.009; and

(5) comply with 130 CMR 505.002(I) and 507.003.

(D) Disabled Children Under Age 18. Disabled children under age 18 must meet the following requirements:

(1) be permanently and totally disabled based on the disability criteria for children under age 18, as defined in 130 CMR 501.001; and

(2) be ineligible for MassHealth Standard.

(E) Disabled 18-Year-Olds. Disabled 18-year-olds must meet the following requirements:

(1) (a) be ineligible for MassHealth Standard; and

(b) if not working, be permanently and totally disabled based on the disability criteria for adults and 18-year-olds, as defined in 130 CMR 501.001; or

(2) if working, be permanently and totally disabled based on the disability criteria for adults and 18-year-olds (except for engagement in substantial gainful activity), as defined in 130 CMR 501.001.

(F) Determination of Disability. Disability is established by:

(1) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);

(2) a determination of disability by the SSA; or

(3) a determination of disability by MassHealth's Disability Determination Unit (DDU).

(G) MassHealth CommonHealth Premium. Disabled adults, disabled working adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(I). No premium is assessed during a deductible period.

(H) Use of Potential Health Insurance Benefits. Applicants and members must use potential health insurance benefits, including Medicare, in accordance with 130 CMR 503.007, and must enroll in health insurance if purchased by the Division in accordance with 130 CMR 505.002(G), 505.005, or 507.003.

(I) Medical Coverage Date.

(1) Except as provided in 130 CMR 501.003(E)(1), the medical coverage date for CommonHealth begins on the 10th day before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a Division outreach worker at a designated outreach site, provided all required verifications, including a completed disability supplement, have been received within 60 days of the date of the Request for Information.

(2) Except as provided in 130 CMR 501.003(E)(1), if required verifications listed on the Request for Information are received after the 60-day period referenced in 130 CMR 505.004(I)(1), the begin date of medical coverage is 10 days before the date on which the verifications were received, provided such verifications are received within one year of receipt of the MBR.

(3) Persons described in 130 CMR 505.004(C) who have been notified by the Division that they must meet a one-time deductible have their medical coverage date established in accordance with 130 CMR 506.009(E).

(J) Extended CommonHealth Coverage. CommonHealth members, described in 130 CMR 505.004(B), who terminate their employment continue to be eligible for CommonHealth for up to three calendar months after termination of employment provided they continue to make timely payments of monthly premiums.

505.005: MassHealth Family Assistance

(A) Overview.

(1) 130 CMR 505.005 contains the categorical requirements and financial standards for MassHealth Family Assistance. This coverage type provides coverage either through premium assistance payments or the purchase of medical benefits.

(2) (a) Premium assistance payments under MassHealth Family Assistance are available to:

(i) children under age 19 who have health insurance or access to health insurance;

(ii) certain employed adults aged 19 through 64 who have health insurance; and

(iii) persons under age 65 who are HIV positive and who have health insurance or choose to purchase available health insurance.

(b) The health insurance must meet the criteria of 130 CMR 505.005(B)(1)(a)(i), 130 CMR 505.005(C)(1)(e), or 130 CMR 505.005(D)(2).

(c) Persons eligible for premium assistance payments, in accordance with 130 CMR 505.005(B) and (C), are eligible for payment of part of the policyholder's employer-sponsored health insurance premium in accordance with the Division's premium assistance payment formula described in 130 CMR 506.012(D) and (E).

(3) (a) The purchase of medical benefits under MassHealth Family Assistance is available to:

(i) children under the age of 19 who are uninsured at the time of the Division's eligibility determination and do not have access to health insurance; and

(ii) persons under the age of 65 who are HIV positive and who have no health insurance, or do not have health insurance that the Division has determined to be cost effective.

(b) Persons eligible for the purchase of medical benefits are eligible for services as described in 130 CMR 450.105(H)(3).

(B) Premium Assistance for Children.

(1) Eligibility Requirements.

(a) Premium assistance under MassHealth Family Assistance is available to children under age 19 who meet all the following conditions:

(i) the child has or has access to employer-sponsored health insurance where the employer contributes at least 50 percent of the premium cost, and the insurance meets the basic-benefit level, as defined at 130 CMR 501.001;

(ii) the child's family group gross income is above 150 percent but does not exceed 200 percent of the federal-poverty level; and

(iii) the child is ineligible for MassHealth Standard and MassHealth CommonHealth.

(b) Applicants and members must:

(i) provide the Division with the information necessary to determine the availability and cost effectiveness of employer-sponsored health insurance;

(ii) obtain available health insurance when the Division determines it is cost effective to do so; and

(iii) retain existing health insurance coverage as a condition of eligibility.

(c) Failure to comply with these requirements results in denial or loss of eligibility for Family Assistance benefits.

(2) Waiver of Access Requirement. The Division may waive its requirement to access health insurance if the Division determines it is more cost effective to the Division to purchase medical benefits under MassHealth Family Assistance than to assist the family with payment of health-insurance premiums.

(3) Eligibility for a Limited Period of Time.

(a) The Division may determine a child who meets the requirements of 130 CMR 505.005(B)(1)(a)(ii) and (iii) eligible for medical benefits under MassHealth Family Assistance for a limited period of time if:

(i) the child is currently uninsured; and

(ii) a family group member has indicated employer-sponsored health insurance may be available.

(b) The begin date for the benefits described in 130 CMR 505.005(B)(3)(a) is established in accordance with 130 CMR 505.005(E)(4). Premiums are established in accordance with 130 CMR 506.011(J).

(c) During this limited period, the Division determines if the insurance that is available to the child meets the basic-benefit level as described at 130 CMR 501.001, and whether the employer contributes at least 50 percent of the premium cost.

(d) If the Division determines the child has access to insurance as described at 130 CMR 505.005(B)(1)(a)(i), the applicant is notified in writing of the child's eligibility for premium assistance and the need to enroll in such insurance. The child continues to be eligible for medical benefits for up to 60 days from the date of this notice to allow time for enrollment in the health-insurance plan. Once enrolled in the health-insurance plan, the child becomes eligible for premium assistance payments as described in 130 CMR 505.005(B)(4).

(e) The medical benefits described in 130 CMR 505.005(B)(3)(d) end when the child is covered under the health-insurance plan. Coverage also ends if the family group member fails to enroll the child in the health-insurance plan, or fails to submit proof of such enrollment within 60 days of being notified of this requirement.

(f) If the Division determines the available insurance does not meet the requirements of 130 CMR 505.005(B)(1)(a) or, if the Division is unable to complete its evaluation of the health insurance within 60 days of the Division's receipt of a complete MBR, the applicant is notified in writing of the child's eligibility for the purchase of medical benefits under MassHealth Family Assistance, as described in 130 CMR 505.005(E).

(4) Premium Assistance Payment.

(a) The Division makes monthly payments on behalf of a child toward the cost of the employer-sponsored health insurance premium if:

(i) the child meets the requirements of 130 CMR 505.005(B)(1);

(ii) the policyholder is a member of the child's family group; and

(iii) the policyholder is responsible for payment of more than the estimated member share described in 130 CMR 506.012(D)(1)(a).

(b) The amount of the premium assistance payment is established in accordance with the Division's premium assistance payment formula described in 130 CMR 506.012(D).

(c) Premium assistance payments are made in accordance with 130 CMR 506.012(A)(2) and (3).

(5) Eligibility Date. Premium assistance payments begin in the month of the Division's eligibility determination, or in the month the health-insurance deduction begins, whichever is later. Each monthly payment is for coverage in the following month.

(6) Copays, Coinsurance, and Deductibles. The Division pays copays, coinsurance, and deductibles for children eligible for premium assistance provided:

(a) the Division has made a determination that the member was uninsured at the time of the eligibility determination, had access to employer-sponsored health insurance, and the Division required the member's enrollment in the health insurance plan; and

(b) (i) the copay, coinsurance, or deductible was incurred as the result of a well-child visit as described in 130 CMR 450.140 through 450.149; or

(ii) the policyholder's annualized share of the employer-sponsored health insurance premium, combined with copays, coinsurance, and deductibles incurred and paid by members, exceeds five percent of the family group's gross income in a 12-month period beginning with the date of eligibility for premium assistance. In such cases, the Division pays for any copays, coinsurance, or deductibles incurred by the members during the balance of the 12-month period provided they have submitted proof of payment of bills equal to or exceeding five percent of their family group's gross income. Proof of payment may be submitted during or after the 12-month period, but no later than six months after the 12-month period ends. Calculation of the family's five percent amount is based on the income and family group size at the time of application and is not adjusted during the 12-month period. This amount is recalculated every 12 months thereafter.

(7) Ineligibility for Family Assistance. If an insured child's insurance does not meet the basic-benefit level, or the employer does not contribute at least 50 percent of the premium cost, the child is ineligible for MassHealth Family Assistance.

(C) Premium Assistance for Adults.

(1) Eligibility Requirements. Premium Assistance under MassHealth Family Assistance is available to adults who meet all of the following conditions:

(a) the adult is 19 years of age or older and under age 65;

(b) the adult's family group gross income is less than or equal to 200 percent of the federal-poverty level;

(c) the adult is not eligible for MassHealth Standard or MassHealth CommonHealth;

(d) the adult has or is enrolled in employer-sponsored health insurance; and

(e) the adult is employed by a qualified employer, as defined in 130 CMR 501.001.

(2) Premium Assistance Payment.

(a) The Division makes monthly payments toward the cost of the employer-sponsored health insurance if the adult:

(i) meets the requirements of 130 CMR 505.005(C)(1);

(ii) is responsible for payment of more than the estimated member share described in 130 CMR 506.012(E)(2); and

(iii) continues to be employed by a qualified employer.

(b) An adult whose spouse and/or children receive MassHealth benefits must enroll in a couple or family health insurance policy, if offered, if the employer contributes at least 50 percent of the premium cost for that coverage.

(c) The amount of the premium assistance payment is established in accordance with the Division's premium assistance payment formula described in 130 CMR 506.012(E).

(d) Premium assistance payments are made in accordance with 130 CMR 506.012(A)(3).

(3) Eligibility Date. Premium assistance payments begin in the month of the Division's eligibility determination, or in the month the health-insurance deduction begins, whichever is later. Each monthly payment is for coverage in the following month.

(D) Premium Assistance for Persons Who Are HIV Positive.

(1) Eligibility Requirements.

(a) Premium assistance under MassHealth Family Assistance is available for persons who are HIV positive if they:

(i) are under the age of 65;

(ii) have family group gross income that is less than or equal to 133 percent of the federal poverty level;

(iii) are ineligible for MassHealth Standard or MassHealth CommonHealth; and

(iv) either have or choose to purchase available health insurance that the Division has determined to be cost effective, in accordance with 130 CMR 505.005(D)(2).

(b) The Division establishes eligibility under the provisions of 130 CMR 505.005(D) for persons who are HIV positive and who also meet the requirements of 130 CMR 505.005(B) or (C).

(2) Cost Effectiveness Determination. The Division determines the cost effectiveness of the available insurance plan to establish the appropriate premium assistance payment amount, and notifies the applicant or member of its decision.

(3) Premium Assistance Payment. Except as provided in 130 CMR 501.003(E)(2)(a), the Division makes monthly premium payments on behalf of members through its Health Insurance Premium Program (HIPP). Health insurance premium payments are made directly to the insurance carrier, the employer, or to the most appropriate party, as determined by the Division. If a direct payment is made to a family group member, proof of health-insurance payments may be required from the parent or member.

(4) Premium Assistance Payment Amount. The Division provides premium assistance in accordance with 130 CMR 506.012(F).

(5) Eligibility Date.

(a) Premium assistance payments begin in the month of the Division's eligibility determination or the month in which the insurance deductions begin, whichever is later. These payments are for the following month's coverage.

(b) Persons eligible under the provisions of 130 CMR 505.005(D) are also eligible for services provided under the purchase of medical benefits as described in 130 CMR 450.105(H)(3) to the extent these services are not covered by the individual's employer-sponsored health insurance. The medical coverage date for these services is established in accordance with 130 CMR 505.005(F)(3).

(6) Premium Assistance for Persons Who Have Not Yet Verified HIV-Positive Status. The Division also provides premium assistance, in accordance with 130 CMR 505.005(D), to persons meeting the requirements of 130 CMR 505.005(G)(1)(a) who would otherwise be eligible for premium assistance under 130 CMR 505.005(C).

(E) The Purchase of Medical Benefits for Children.

(1) Eligibility Requirements. Children under the age of 19 are eligible for the purchase of medical benefits under MassHealth Family Assistance if they meet all of the following requirements:

(a) the child's family group gross income is above 150 percent but does not exceed 200 percent of the federal-poverty level;

(b) the child is ineligible for MassHealth Standard or MassHealth CommonHealth; and

(c) the child is uninsured and does not have access to health insurance.

(2) Presumptive Eligibility Requirements. The Division may determine uninsured children presumptively eligible for medical benefits under MassHealth Family Assistance in accordance with the requirements of 130 CMR 502.003 if the self-declared gross income of the family group is above 150 percent but does not exceed 200 percent of the federal-poverty level.

(3) Premium. Families of children who meet the requirements of 130 CMR 505.005(E)(1) and (2) are assessed a monthly premium in accordance with 130 CMR 506.011(J). Children who are eligible for a limited period of time, as described at 130 CMR 505.005(B)(3), and children who meet the requirements at 130 CMR 501.006 are also assessed a monthly premium in accordance with 130 CMR 506.011(J).

(4) Medical Coverage Date.

(a) The medical coverage date for the purchase of medical benefits under MassHealth Family Assistance begins on the 10th day before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a Division outreach worker at a designated outreach site if all required verifications have been received within 60 days of the date of the Request for Information.

(b) If required verifications listed on the Request for Information are received after the 60-day period referenced in 130 CMR 505.005(E)(4)(a), the begin date of medical coverage is 10 days before the date on which the verifications were received if these verifications are received within one year of receipt of the Medical Benefit Request.

(c) The begin and end dates for medical coverage under presumptive eligibility are described in 130 CMR 502.003.

(F) The Purchase of Medical Benefits for Persons Who Are HIV Positive.

(1) Eligibility Requirements.

(a) Persons who are HIV positive may establish eligibility for the purchase of medical benefits if they:

(i) are under the age of 65;

(ii) have family group gross income that is less than or equal to 133 percent of the federal poverty level;

(iii) are ineligible for MassHealth Standard or MassHealth CommonHealth; and

(iv) do not have health insurance.

(b) The Division establishes eligibility under the provisions of 130 CMR 505.005(F) for persons who are under the age of 19 and are HIV positive, and who also meet the requirements of 130 CMR 505.005(E).

(2) Premium. Individuals who meet the requirements of 130 CMR 505.005(F) are assessed a monthly premium in accordance with 130 CMR 506.011(I).

(3) Medical Coverage Date.

(a) Except as provided in 130 CMR 501.003(E)(2)(a), the medical coverage date for the purchase of medical benefits under MassHealth Family Assistance begins on the 10th day before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a Division outreach worker at a designated outreach site. However, the medical coverage date will in no event begin before April 1, 2001.

(b) Except as provided in 130 CMR 501.003(E)(2)(a), if required verifications listed on the Request for Information are received after the 60-day period referenced in 130 CMR 505.005(G)(1)(b), the begin date of medical coverage is 10 days before the date on which the verifications were received if these verifications are received within one year of receipt of the Medical Benefit Request.

(G) Fee-for-Service Benefits for Persons Who Are HIV Positive.

(1) Persons Who Have Claimed on the MBR to Be HIV Positive.

(a) Eligibility Requirements. Persons who have claimed on the MBR to be HIV positive may establish temporary eligibility for fee-for-service benefits if they:

(i) are under the age of 65;

(ii) have a verified family group gross income that is less than or equal to 133 percent of the federal poverty level; and

(iii) are ineligible for MassHealth Standard or MassHealth CommonHealth.

(b) Time Frames for Verification.

(i) Persons who have claimed on the MBR to be HIV positive must submit verification of their HIV-positive status within 60 days of their eligibility determination. If verifications are not submitted, the Division redetermines their eligibility as if they were not HIV positive.

(ii) Verification of HIV-positive status can be a letter from a doctor, qualifying health clinic, laboratory, or AIDS service provider or organization. The letter must indicate the member's name and his or her HIV-positive status.

(c) Members who have other health insurance must access those benefits and must show both their private health insurance card and their MassHealth card to providers at the time services are provided.

(d) Premium. Individuals who meet the requirements of 130 CMR 505.005(G) are assessed a monthly premium in accordance with 130 CMR 506.011(I).

(e) Medical Coverage Date.

(i) Except as provided in 130 CMR 501.003(E)(2)(a), the medical coverage date for the purchase of medical benefits under MassHealth Family Assistance begins on the 10th day before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a Division outreach worker at a designated outreach site. However, the medical coverage date will in no event begin before April 1, 2001.

(ii) Except as provided in 130 CMR 501.003(E)(2)(a), if required verifications listed on the Request for Information are received after the 60-day period referenced in 130 CMR 505.005(G)(1)(b), the begin date of medical coverage is 10 days before the date on which the verifications were received if these verifications are received within one year of receipt of the Medical Benefit Request.

(f) Premium Assistance for Persons Who Have Not Verified HIV-Positive Status. Persons who meet the requirements of both 130 CMR 505.005(G)(1)(a) and 505.005(C) receive benefits under 130 CMR 505.005(D). If verification of their HIV-positive status is not submitted within 60 days, they receive benefits under 130 CMR 505.005(C), if otherwise eligible.

(2) Persons Who Have Verified Their HIV-Positive Status.

(a) Eligibility Requirements. Persons who have verified their HIV-positive status, in accordance with 130 CMR 505.005(G)(1)(b), may establish eligibility for fee-for-service benefits if they:

(i) are under the age of 65;

(ii) have a family group gross income that is less than or equal to 133 percent of the federal poverty level;

(iii) are ineligible for MassHealth Standard or MassHealth CommonHealth; and

(iv) have declared that they have other health insurance.

(b) Members receive benefits on a fee-for-service basis:

(i) while the Division investigates the member's private health insurance to determine if premium assistance is available; or

(ii) if the Division determines the member's health insurance is not cost effective.

(c) Members who have other health insurance must access those benefits and must show both their private health insurance card and their MassHealth card to providers at the time services are provided. The fee-for-service benefit applies only to services not covered by the member's private health insurance.

(d) Premium. Individuals who meet the requirements of 130 CMR 505.005(G) are assessed a monthly premium in accordance with 130 CMR 506.011(I).

(e) Medical Coverage Date.

(i) Except as provided in 130 CMR 501.003(E)(2)(b), the medical coverage date for the purchase of medical benefits under MassHealth Family Assistance begins on the 10th day before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a Division outreach worker at a designated outreach site. However, the medical coverage date will in no event begin before April 1, 2001.

(ii) Except as provided in 130 CMR 501.003(E)(2)(b), if required verifications listed on the Request for Information are received after the 60-day period referenced in 130 CMR 505.005(G)(1)(b), the begin date of medical coverage is 10 days before the date on which the verifications were received if these verifications are received within one year of receipt of the Medical Benefit Request.

(H) Referral to Children's Medical Security Plan. The Division submits the names of children whose family group gross income exceeds 200 percent of the federal-poverty level to the Children's Medical Security Plan.

505.006: MassHealth Basic

(A) Overview. 130 CMR 505.006 contains the categorical requirements and financial standards for MassHealth Basic. This coverage type is available to individuals or members of a couple who receive EAEDC cash assistance, or who are receiving services or are on a waiting list to receive services from the Department of Mental Health (DMH), as identified by the DMH to the Division. MassHealth Basic coverage is available either through the purchase of medical benefits or through premium assistance payments.

(1) The Purchase of Medical Benefits under MassHealth Basic.

(a) The purchase of medical benefits under MassHealth Basic is available to unemployed adults aged 19 through 64 who:

(i) do not have, or have access to, health insurance, including health insurance offered by the college or university that they attend; or

(ii) have health insurance that the Division has determined does not cover the applicant's chronic medical condition requiring frequent treatment and medical services, or is of significant cost to the applicant.

(b) Persons eligible for the purchase of medical benefits are eligible for medical benefits, as described in 130 CMR 450.105(B) and 130 CMR 508.000.

(2) Premium Assistance under MassHealth Basic.

(a) Premium assistance under MassHealth Basic is available to unemployed adults aged 19 through 64 who have health insurance that:

(i) the Division has determined covers the applicant's chronic medical condition requiring frequent treatment and medical services and for which they must pay a premium;

(ii) is not of significant cost to the applicant;

(iii) is not available from the college or university that they attend; and

(iv) meets the Division's cost-effective analysis.

(b) Persons eligible for premium assistance payments are eligible for payment of part or all of their health insurance premium.

(B) The Purchase of Medical Benefits.

(1) Eligibility Requirements for Active DMH Clients as Identified by the DMH to the Division. Active DMH clients are those individuals or members of a couple who are receiving services or are on a waiting list to receive services from the DMH. These active DMH clients who are under age 65 are eligible for the purchase of medical benefits under MassHealth Basic if they are uninsured, in accordance with 130 CMR 505.006(A)(1)(a), and meet all of the following conditions.

(a) They are currently unemployed and:

(i) have been unemployed for more than one year; or

(ii) during the past 12 months have earned less than the minimum amount of earnings necessary to qualify for unemployment compensation.

(b) They are not eligible for unemployment compensation.

(c) They have family group gross income less than or equal to 100 percent of the federal-poverty level.

(d) Their spouse is:

(i) not employed more than 100 hours a month; or

(ii) employed 100 hours or less a month, and not eligible for premium assistance payments that provide couple or family coverage in accordance with 130 CMR 505.005(C).

(2) EAEDC Recipients. Individuals and members of couples who receive EAEDC cash assistance are eligible for the purchase of medical benefits under MassHealth Basic if they have no health insurance.

(3) Extended Eligibility for the Purchase of Medical Benefits when EAEDC Ends. Individuals or couples whose EAEDC cash assistance ends and who are determined to be potentially eligible for MassHealth continue to receive medical benefits under MassHealth Basic until a determination of ineligibility is made by the Division.

(4) Extended Coverage for the Purchase of Medical Benefits. Basic members who are no longer eligible for Basic coverage due to employment will continue to receive medical benefits under MassHealth Basic for up to six calendar months after their date of employment if health insurance is not available to them from their employer or their spouse's employer.

(5) Medical Coverage Date. Members, after they have received notice from the Division stating that they meet the eligibility requirements for the purchase of medical benefits under MassHealth Basic at 130 CMR 505.006(B), receive medical coverage effective on the date specified in the Division's notice of enrollment with a MassHealth managed care provider. There is no medical coverage for MassHealth Basic members before the member's effective enrollment date. Enrollment of a Basic member with a MassHealth managed care provider may occur only in accordance with 130 CMR 508.002(I).

(C) Premium Assistance.

(1) Eligibility Requirements for Active DMH Clients as Identified by the DMH to the Division. Active DMH clients are those individuals or members of a couple who are receiving services or are on a waiting list to receive services from the DMH. These active DMH clients who are under age 65 are eligible for premium assistance under MassHealth Basic if they have health insurance, in accordance with 130 CMR 505.006(A)(2)(a), and meet all of the following conditions.

(a) They are currently unemployed and:

(i) have been unemployed for more than one year; or

(ii) during the past 12 months have earned less than the minimum amount of earnings necessary to qualify for unemployment compensation.

(b) They are not eligible for unemployment compensation.

(c) They have family group gross income less than or equal to 100 percent of the federal-poverty level.

(d) Their spouse is:

(i) not employed more than 100 hours a month; or

(ii) employed 100 hours or less a month, and not eligible for premium assistance payments that provide couple or family coverage in accordance with 130 CMR 505.005(C).

(2) EAEDC Recipients. Individuals and members of couples who receive EAEDC cash assistance are eligible for premium assistance under MassHealth Basic if they have health insurance.

(3) Eligibility Date. Once MassHealth has determined eligibility, premium assistance payments begin in the calendar month following the verification of the member's health insurance information.

(4) Extended Premium Assistance. Persons who are no longer eligible for premium assistance payments under MassHealth Basic due to earnings continue to have their premiums paid for a six-calendar-month period following their date of employment if they or their spouse are not otherwise eligible for premium assistance payments, in accordance with 130 CMR 505.005(C).

505.007: MassHealth Essential

(A) Overview. 130 CMR 505.007 contains the categorical requirements and financial standards for MassHealth Essential. This coverage type is available to individuals or members of a couple who are long-term unemployed and do not meet the eligibility criteria for MassHealth Basic, as described in 130 CMR 505.006. MassHealth Essential coverage is available either through the purchase of medical benefits or through premium assistance payments. MassHealth Essential benefits afforded to aliens with special status are described in 130 CMR 505.007(E).

(1) The Purchase of Medical Benefits under MassHealth Essential.

(a) The purchase of medical benefits under MassHealth Essential is available to unemployed adults aged 19 through 64 who:

(i) do not have, or have access to, health insurance, including health insurance offered by the college or university that they attend; or

(ii) have health insurance that MassHealth has determined does not cover the applicant's chronic medical condition requiring frequent treatment and medical services, or is of significant cost to the applicant.

(b) Persons eligible for the purchase of medical benefits are eligible for medical benefits, as described in 130 CMR 450.105(I) and 130 CMR 508.000.

(2) Premium Assistance under MassHealth Essential.

(a) Premium assistance under MassHealth Essential is available to unemployed adults aged 19 through 64 who have health insurance that:

(i) MassHealth has determined covers the applicant's chronic medical condition requiring frequent treatment and medical services and for which they must pay a premium;

(ii) is not of significant cost to the applicant;

(iii) is not available from the college or university that they attend; and

(iv) meets MassHealth's cost-effective analysis.

(b) Persons eligible for premium assistance payments are eligible for payment of part or all of their health insurance premium.

(B) The Purchase of Medical Benefits.

(1) Eligibility Requirements. Individuals and members of couples under age 65 are eligible for Essential coverage if they are uninsured, in accordance with 130 CMR 505.007(A)(1)(a), and meet all of the following conditions.

(a) They are not eligible for MassHealth Basic.

(b) They are currently unemployed and:

(i) have been unemployed for more than one year; or

(ii) during the past 12 months have earned less than the minimum amount of earnings necessary to qualify for unemployment compensation.

(c) They are not eligible for unemployment compensation.

(d) They have family group gross income less than or equal to 100 percent of the federal poverty level.

(e) Their spouse is:

(i) not employed more than 100 hours a month; or

(ii) employed 100 hours or less a month, and not eligible for premium assistance payments that provide couple or family coverage, in accordance with 130 CMR 505.005(C).

(2) Medical Coverage Date. Except as provided in 130 CMR 501.003(E)(3), members, after they have received notice from MassHealth stating that they meet the eligibility requirements for the purchase of medical benefits under MassHealth Essential at 130 CMR 505.007(B) and (E), receive medical coverage effective on the date specified in MassHealth's notice of enrollment in the MassHealth Primary Care Clinician (PCC) Plan. There is no medical coverage for MassHealth Essential members before the member's effective enrollment date, except for aliens with special status, as provided under 130 CMR 505.007(E)(2).

(C) Premium Assistance.

(1) Eligibility Requirements. Individuals and members of couples under age 65 are eligible for premium assistance under MassHealth Essential if they are insured, in accordance with 130 CMR 505.007(A)(2)(a), and meet all of the following conditions.

(a) They are not eligible for MassHealth Basic.

(b) They are currently unemployed and:

(i) have been unemployed for more than one year; or

(ii) during the past 12 months have earned less than the minimum amount of earnings necessary to qualify for unemployment compensation.

(c) They are not eligible for unemployment compensation.

(d) They have family group gross income less than or equal to 100 percent of the federal poverty level.

(e) Their spouse is:

(i) not employed more than 100 hours a month; or

(ii) employed 100 hours or less a month, and not eligible for premium assistance payments that provide couple or family coverage, in accordance with 130 CMR 505.005(C).

(2) Eligibility Date. Except as provided in 130 CMR 501.003(E)(3), once MassHealth has determined eligibility, premium assistance payments under MassHealth Essential begin in the calendar month following the verification of the member's health insurance information.

(D) Funding. State legislation does not provide funding for MassHealth Essential after September 30, 2005. MassHealth Essential benefits will not be provided after September 30, 2005, unless a legislative extension is authorized. MassHealth Essential members who are receiving MassHealth Essential on September 30, 2005, will be provided only MassHealth Limited coverage as of October 1, 2005, if otherwise eligible for MassHealth Limited under 130 CMR 505.008.

(E) MassHealth Essential for Aliens with Special Status.

(1) Eligibility Requirements. MassHealth Essential for aliens with special status is available to adults aged 19 through 64 who meet the eligibility requirements of 130 CMR 505.007, except that they must be aliens with special status, as described in 130 CMR 504.002(D), and in addition to being long-term unemployed:

(a) they must be disabled, as described in 130 CMR 505.002(F)(2)(a); and

(b) if they have or have had a sponsor, as defined in federal law, the sponsor must be deceased or unable to provide financial support as determined by MassHealth. The sponsor will be determined to be unable to provide financial support if the sponsor's family income, where the size of the sponsor's family includes the applicant, is less than or equal to 200 percent of the federal poverty level.

(2) Availability of Benefits. MassHealth Essential for aliens with special status is available either through the purchase of medical benefits or through premium assistance payments. Benefits may begin no earlier than June 1, 2004, except as described in 130 CMR 505.007(E)(2).

(3) Funding and Enrollment Restrictions. MassHealth Essential members who are aliens with special status are subject to enrollment restrictions described in 130 CMR 501.003(C). Upon advance notice, MassHealth Essential benefits may be terminated if MassHealth determines that there is insufficient funding.

(4) Eligibility for MassHealth Limited. MassHealth Essential members who meet the requirements of 130 CMR 505.007(E) are automatically eligible for MassHealth Limited coverage. Medical services are provided pursuant to 130 CMR 450.105(G). MassHealth members meeting the requirements of 130 CMR 505.007(E) are eligible for MassHealth Limited benefits as follows.

(a) For MassHealth Essential members with purchase of medical benefits, medical coverage begins in accordance with 130 CMR 505.008(B).

(b) For MassHealth Essential members with premium assistance, medical coverage begins in accordance with 130 CMR 505.008(B) and is provided on a fee-for-service basis covering only MassHealth-covered services that are not covered by the member's private health insurance.

505.008: MassHealth Limited

(A) Eligibility Requirements.

(1) MassHealth Limited is available to persons who meet the financial and categorical requirements of MassHealth Standard, except women described at 130 CMR 505.002(H), and are:

(a) nonqualified aliens described in 130 CMR 504.002(E) (nonqualified aliens are not required to furnish or apply for a social security number);

(b) aliens with special status described in 130 CMR 504.002(D) who are under age 19 and are eligible for premium assistance under MassHealth Family Assistance; or

(c) aliens with special status who are adults described in 130 CMR 504.002(F)(2)(d).

(2) Persons eligible for Limited coverage are eligible for medical benefits as described in 130 CMR 450.105(G). These aliens are eligible for medical benefits under Limited only to the extent that such benefits are not covered by their health insurance.

(3) Aliens lawfully admitted for a temporary purpose such as students, visitors, and diplomats are eligible for Limited coverage if they meet all other eligibility requirements including residence.

(4) A child born to a woman who was receiving MassHealth Limited on the date of the child's birth is automatically eligible for MassHealth Standard for one year provided the child continues to live with the mother.

(5) Aliens with special status who are eligible for MassHealth Essential in accordance with 130 CMR 505.007(E) are automatically eligible for MassHealth Limited.

(B) Medical Coverage Date.

(1) The medical coverage date for MassHealth Limited begins on the 10th day before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a MassHealth outreach worker at a designated outreach site, if all required verifications, including a completed disability supplement, have been received within 60 days of the date of the Request for Information.

(2) If these required verifications listed on the Request for Information are received after the 60-day period referenced in 130 CMR 505.008(B)(1), the begin date of medical coverage is 10 days before the date on which the verifications were received, if these verifications are received within one year of receipt of the MBR.

(C) Referral to Children's Medical Security Plan. MassHealth submits the names of children who are eligible for MassHealth Limited coverage to the Children's Medical Security Plan.

(D) Referral to Healthy Start Program. MassHealth submits names of pregnant women who are eligible for MassHealth Limited coverage to the Healthy Start Program.